

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/980702

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		3				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10		(1)				
11		(1)				
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	14	↓	↓	↓		
TOTAL CLAIMS	15					

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51				
52				
53				
54				
55				
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59				
60				
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100				
TOTAL IND.		↓	↓	↓
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS				